

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 05/06/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/08/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	957	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8537	461	PROCEDURE IS NOT PAYABLE FOR Y	19	2316	2327	11
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
		8508	358	CLAIM DENIED NO BUDGET FOUND				
3404904	WESTERN HIGHLAN	8654	205	ONLY 16 UNITS ALLOWED PER DAY				
	DS LME			WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
		79	111	THIS SERVICE IS NOT PAYABLE TO	0	472	16081	15609
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		191	39	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404910	PATHWAYS	21	1052	DUPLICATE OF CLAIM-SYSTEM				
		8599	152	DETAIL NOT COVERED BY COMBINAT	29	1764	10506	8699
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8536	99	ATTENDING PROVIDER TYPE AND SP				
				Ecialty combination is not				
				VALID FOR SUBMITTED BILLING PR				
3404912	CATAWBA COUNTYM	8599	25	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	6	CLIENT ID NUMBER DOES NOT MATC	1	35	4934	4899
				H PATIENT NAME				
		8649	2	CLAIM DENIED MAXIMUM ALLOWED 2				
				6 OCCURRENCES HAVE PROCESSED				
				AND PAID, PA IS REQUIRED.				
3404913	MECKLENBURG COM	8505	4372	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8599	1617	DETAIL NOT COVERED BY COMBINAT	262	11547	13361	1814
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	953	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404916	CROSSROADS BEHA	8505	64	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		8800	9	FURTHER PROCESSING NECESSARY,	0	81	149	68
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		5404	5	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404917	CENTERPOINT HUM	8505	327	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		8599	60	DETAIL NOT COVERED BY COMBINAT	0	526	3217	2691
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	31	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1456	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	357	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1830	1841	11
		11	14	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404920	ALAMANCE CASWEL L AREA MH D	8505	552	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		79	286	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	1271	3575	2304
		21	202	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	5312	1323	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	1065	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	3093	4920	1827
		21	260	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	8505	5382	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	763	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	28	6778	8066	1288
		21	496	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	191	61	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8599	49	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	195	4548	4353
		21	21	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	761	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	157	DUPLICATE OF CLAIM-SYSTEM	24	1330	5713	4383
		8536	103	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	149	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	107	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	534	4269	3735
		8536	105	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				

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3404927	CUMBERLAND CO M HC	8505	570	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	141	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	818	2861	2043
		21	43	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	45	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	2	149	1589	1440
		5404	28	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404931	WAKE CO HUM SVC BILLING OF	8534	266	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		21	132	DUPLICATE OF CLAIM-SYSTEM	11	866	8455	7589
		8599	111	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	79	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	17	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	1	167	4581	4414
		143	16	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404934	ONslow CARTERET BEHAV HEAL	8599	632	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	260	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	1798	4493	2695
		21	238	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	254	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8534	21	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	279	926	647
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MNTL HLTH C	21	24	DUPLICATE OF CLAIM-SYSTEM				
		8518	11	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	41	1215	1174
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404939	NEUSE MENTAL HE ALTH CENTER	8599	59	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	57	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	185	1161	976
		191	16	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404941	PITT CO MH/DD/S AS CENTER	143	148	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		8599	70	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	407	2813	2406
		120	50	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404942	ROANOKE CHOWANH UMAN SERVIC	3411	13	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		7007	2	EXCEEDS MAXIMUM UNITS ALLOWED PER MONTH(S)	0	17	557	540
		8518	1	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	591	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	267	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	248	1435	6470	5035
		8931	160	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	120	43	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		191	39	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	94	5996	5902
		8533	6	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				
3404946	FOOTHILLS AREAM ENTAL HEALT	120	172	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	113	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	599	8611	8012
		8537	78	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404957	TIDELAND MENTAL HEALTH CTR	8505	99	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	31	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	162	1056	894
		21	16	DUPLICATE OF CLAIM-SYSTEM				
3404979	NEW RIVER AREAM H/DD/SA PRO	8534	2	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8535	1	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	3	3	0